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ABSTRACT

The coordinator of an early stimulation program for handicapped children in Curacao describes the program in terms of home teaching, use of the Portage Project curriculum, and the importance of parent-professional cooperation. (CL)

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Early Stimulation: A JOINT PROJECT BETWEEN PARENTS AND TEACHERS

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June 28, 1978

Stirling Scotland.

Mister Chairman,
Ladies and Gentlemen.

In the first place I should like to thank the organizers of this Congress for the opportunity they offered me to participate in this Panel.

I am very happy to do this, especially because the theme of this panel is very important to me, as a parent of a retarded daughter, and as coordinator in the Early Stimulation Programme in Curaçao.

The importance of the relationship Parent - Teacher or Parent - Professional for a dandicapped child, became evident at the recently held 5th Caribbean Congress on Mental Retardation in Curacao, which was organized by the Parent's Association Totolica.

The theme was:

"The mentally handicapped and their family".

Many of the speakers accentuated the importance of involving the parents in the education of their handicapped child. Among them Dr. Shearer, Dr Marc Gold and Dr. Allan Roeher emphasized that a good parent - teacher relationship is indispensable.

In our Early Stimulation Programme ,for which we use the Portage Guide to Early Education, like Shearer organized it in Wiscosnin, a good relation between the Parent and the home-teacher is essential. In this programme the home-teacher works very close with the mother. Once a week she goes to the homes and gives the mother two or three assignments, she has to accomplish with the handicapped child during that week.

Without a good partnership this Programme can't exist.

In the Caribbean the Early Stimulation Programme became very well-known in the last few years, especially through the seminar on this topic, organized by the Caribbean Institute on Mental Retardation. Our programme in Curacao was set up as a result of a seminar on "Early Intervention and Early Stimulation" in Jamaica in march 1976. Curacao had 5 participants.

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I was one of them. We became very enthusiastic about the programme. When we arrived in Curaçao we suggested our government to imply this Early Stimulation Programme on our island.
While planning the Early Intervention Programme, using the Denver Developmental Screening Test in the baby-clinics, they became very positive about the idea.
In august 1976 we started to translate the Portage Guide in our language, Papiamentu.

Early Stimulation is based on the principle that the environment is of great influence on the child's development and that the most important factor in this environment is the mother.
Early Stimulation tries to give the child at a very early stage, the stimuli needed to develop to the maximum of its potential.
The techniques that are used in the Early Stimulation Programme are based on the principles of Behavior Modification. For the young child the love of the mother gives the necessary stimuli. For instance, when the mother holds the child in her arms and talks to it, the child will get several kinds of stimulation.
Visual stimulation, by looking at mother.
Auditive stimulation by listening at her voice and tactile stimulation by the physical contact with mother.
This is the importance of breast feeding. The child has a much more intensive physical contact with the mother, who is more likely to caress him than this is the case with bottle-feeding.

Of very great importance is that stimulation starts at a very early stage, as the development of the child will occur for the greatest part in his first 6 - 7 years.

A handicap in lamguage-development is often caused by the parents neglecting this aspect in the first years of life.
The language develoment start with the very first sounds that the child makes. Normally the parents will react on these sounds and give the child reinforcement to let him repeat this time and again.
If the parents neglect this and don't talk enough with the child, then there will be a chance that he will get a lack in his language-development.
Most of the time mothers stimulate their children without knowing of Early Stimulation.

Still there are circumstances, in which this stimulation is not sufficient or is lacking.
Some of these circumstances are:

1. The baby is not desired.
   This often occurs with young unmarried mothers.

2. Bad social circumstances.
   For instance, bad housing, or unemployment.
   For the parents these are problems then the priorities and not stimulation of a child.

3. Premature babies.
   In the incubator stimulation is impossible. After going home the mother has to do her utmost, to prevent handicapping conditions.

4. Handicapped children, who need much more attention and stimulation, will often miss these indispensable conditions for their development, because of the shock the parents have to overcome when they are informed about their handicapped child. They get feelings of shame, guilt, disappointment and apathy.

   These parents need understanding and someone to whom they can talk about their weal and woe. A new project that is now coming up especially from Canada, is the Pilot Parents Programme, in which parents of handicapped who already have overcome their problem, support and guide young parents.

   The Early Stimulation Programme, apart from the educational value, is also a support for the parents in accepting and appreciating their handicapped child.
   We shall have to wait however, to start with the programme, if the parents still have problems (psychological, social or financial), which for them have the priorities.
   The home-teacher will make home-visits and will try to support them until they have more attention for their handicapped child and consider their handicapped child also as a priority.
   Only then the program can start.

Early Intervention

In Curacao our E.S. Programme is combined with the Early Intervention Pr. which is executed by Baby clinics of the Department of Social Hygiëne.
Every child visiting these clinics is screened with the Denver (Developmental) Prescreening Questionnaire.
When the result of the Screening is negative, the child is referred to our office.
Other referral sources are Kindergarten, parents and other relatives, and also doctors.
When we get a name of a child at our office, the coordinator will make the first home-visit.
During that visit, we explain to the mother everything about the programme. If the mother wants to cooperate, an appointment is made to test the child.
The child will be assessed in each developmental area to determine his or her functioning level. Present functioning level is used as the basis for further educational planning.
In Curacao we are using the Denver Test, but we will switch over to the Mc Carthy scale which is more detailed.
We also have a parent questionnaire to know about the background of the child concerning his family, birth, environment.

Home-teacher

After testing the child, a hometeacher will be appointed for this family. During her first visits she will check with the mother all the items that the child already is able to perform. During these visits the home-teacher will also get familiar with the child and his environment.

Portage

In Curacao we are using in our Early Stimulation Program the Portage Guide to Early Education revised edition 1976 (Bluma, Shearer, Frohman, Hilliard).
This curriculum guide, for use with children functioning between birth and six years of age, consists of a manual of instructions, a sequential checklist of behaviors, which includes five areas of development (cognitive, language, self-help, motor and socialization) and an infant stimulation section; and a set of curriculum cards to match each of the 580 behaviors stated on the

checklist.
The cards contain suggestions on materials and teaching procedures along with task break downs to assist teachers in individualized programming.

Checklist

The checklist is used to pinpoint the behaviors the child already exhibits in the developmental areas.
The behaviors on the checklist that indicate emerging skills (these unlearned behaviors immediately following learned behaviors) are those that the teacher may wish to target for learning.
Many behaviors listed on the checklist can be thought of as long term goals which often need to be divided into smaller behavioral segments.
These can then be chained together to achieve the long term goal.
Thus the child determines the curriculum not the checklist.

Home-teaching Process

Every week the home-teacher visits the home once, on the same day and the same hour.
On every visit she suggest two or three behaviors that are emerging and could be prescribed.
The behavioral objective is then written on an activity chart by the home-teacher.
Prescriptions are written with the goal that the parent and child will succeed on each prescribed task within one week.
These activities are often in several areas of development.
For instance, the parents might be working on reducing tantrums, buttoning, and counting all within the same week.
The home-teacher writes the activity chart incorporating the selection of targeted behaviors.
Again, the most important point is for the home-teacher to break tasks down and prescribe only those that can be achieved within one week.
This provides the parents with rapid reinforcement since what is learned by the child is a direct result of parental teaching.

After the activity is pinpointed, the home-teacher introduces the activity to the child. She follows the directions she has written on the chart and begins the teaching process.

Thus she is modeling teaching techniques for the parents, showing them what to do and how to do it.
After several opportunities, the parent takes over and works with the child modeling for the home-teacher.
The hometeacher then is able to offer suggestions and reinforcement which increases the likelihood that the parents will record the week.

Throughout the visit the home-teacher stesses the importance of working with the child during the week.
Every attempt is made to utilize materials available in the home, however, there are times when materials are brought in and left for the parents to use.

When the home-teacher returns the following week she evaluates the progress of the child. This helps her validate the accuracy of the parent's recording and provides her with feedback concerning the degree of sucess achieved by the child and the child's readiness for the next sequential step.
This is the sequence of the home-visit process in general.

Evaluation

Evaluation is an on-going process. The activity charts that have been left with the parents are collected at the end of each week.
The home-teacher is responsible for turning in these charts together with a progress report weekly.
Prescriptions for the coming week are also recorded on the weekly progress report.
Every three months the child is tested again to evaluate its progress.
This test and the outcomes of the activity charts show if the child is progressing.
If not, the reason must be found to see if there is something else that is needed for the child.

Weekly staff meetings

Every week on Tuesday morning there is a staff meeting. The home-teachers come together with the supervisor to share problems and success with the other hometeachers thus gaining new insight into children and the ways in which they acquire behavior.
The suggestions and encouragement received are valuable reinforcement for home-teachers who are alone on the road the rest of the

week.
Additionally the staff meetings give the home-teachers a chance to gain advice of another home-teacher or a resource person (Psychologist, dietist).
The experts are employed at the Department of Educational Counseling and Guidance, which is responsable for the Project; so we can approach them any time for advice and expertise.

Community Resources

Our Project is an educational model.
The only reason for being in the home is to teach the parents how to teach the child.
Yet, often the parents present other problems to the home-teacher for solution.
The responsibility of the home-teacher is not to teach social work, psychology, counseling etc., but she must be aware of community resources that can serve these other needs and if necessary the home-teacher can recommend these resources. It must then be the parent's decision whether or not to contact the suggested services.

Placement in schools and Day-Care Centre

In Curacao we have a Day-Care Centre for severely retarded children in the age of 3 - 8 years. We have also 2 schools for those children For the mildly retarded there are 7 special schools.

As soon as a child in our program is able to go to school and there is a possibility for placement, the child will be placed in the school or Day-Care Centre. The parents may decide whether or not the want to continue the program.
If the child will continue in the programme, the home-teacher will contact the teacher at school to work together on the behavior of the child.

Why is it so important to work with parents ?

1. Parents want their children to reach the maximum of their potential, so they should like to help the teacher to achieve thi
2. Parents are the best teachers of their children. And with instructions, modeling a reinforcement they can achieve more than someone else.

3. Most of the parents want to participate in teaching their child, they want to know what and how their child is taught.

4. Parents who worked together with a home-teacher to teach their child, will be more conscious about the importance.

   a) of giving the child extra time and attention,
   b) of working together with the schoolteacher,
   c) of being themselves the advocate of their children in the community.

   Thus they will have more responsibilty for their child than parents of a normal child.

Further Advantages

1. There will be no transportation for the mother.
2. The teaching will take place in the homes.
3. The mother will feel at ease, the child will feel at ease. and they can use circumstances and materials that are in the house and surroundings.
4. Working in the home, the home-teahcer will involve the whole family in teaching the child. You may achieve better acceptance, more integration and motivation against the handicapped child.
5 Finally, since the home-teacher is working on a one-to-one basis with the parents and child, individualization of instructional goals for both is an operational reality (Shearer and Shearer 1976).

I should like to state that this whole program depends on the relationship of the parent and the home-teacher.
If they respect each other and have the same aim, of helping the child, they will accomplish a lot.

In this Programme the success is not only sited in the expertise of the home-teacher, but in an adequate approach to mother and child and motivation towards her work and the motivation of the mother.

If these factors are present, we can be sure that success is guaranteed for 60%.

At the end of this paper I should like to invite you all to ask questions or come to see the materials of the Portage Guide.